



Spouse/Dependent Debit Card Request Form

FSA/DCA Reimbursement Account

INSTRUCTIONS: Please complete this form **ONLY** for spouse and/or any dependents needing a personalized debit card. All debit cards will be linked to the same account. Once form is complete, fax to **866-254-1927** or mail to **1Point Solutions, PO Box 1558, Dickson TN 37056**.

IF YOUR SPOUSE/DEPENDENTS DO NOT NEED A DEBIT CARD, THEN DISREGARD THIS FORM.

1. Participant Info

Participant Name	Social Security Number		
ADDRESS Street	City	State	Zip
Phone Number () -	E-mail		
Employer			

2. Spouse Info

Spouse Name	Social Security Number		
ADDRESS Street	City	State	Zip

3. Dependent(s) Info



Dependent Name	Social Security Number	Birth date (MM/DD/YY)	
ADDRESS Street	City	State	Zip

Dependent Name	Social Security Number	Birth date (MM/DD/YY)	
ADDRESS Street	City	State	Zip

Dependent Name	Social Security Number	Birth date (MM/DD/YY)	
ADDRESS Street	City	State	Zip

Dependent Name	Social Security Number	Birth date (MM/DD/YY)	
ADDRESS Street	City	State	Zip

4. Signatures

	Participant Signature	Date
	Spouse Signature	Date